2015-09-08-03-00021525

`**Ę**7AN014

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2015 SEP -8 AM 11: 22

Office Use Only

1. NAME (COMMI	OF ITEE (in full)	TYPE OR PRINT ▼		ole: If typing, type ne lines.	12FE4	M5		
PROU	D. PATR	1,0,T,5, ,0,F, ,1	7 MERIL	<u> </u>	1111	1111		
سسسا		111111						لــــا
ADDRESS (r	number and street)	PO BOX	3,4,3, , ,		1 1 1 1 1			لـــا
thai	eck if different n previously orted. (ACC)	LMOIRIRIS.	PLANN	5	NJ	10:7:95:	0 -	ш ш,
2. FEC ID	ENTIFICATION N	UMBER ▼	CITY A		STATE A	ZIP	CODE A	
CD	05723	7.0	B. IS THIS REPORT	NEW (N) O	4 6	AMENDED (A)		
(Choose	OF REPORT One) arterly Reports:	(b) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3)	May 20 (N		ug 20 (M8) ep 20 (M9)	Nov 20 (Non-Electi Year Only) Dec 20 (Non-Electi Year Only)	iòn (M12) ion
0	April 15 Quarterly Report (c) July 15 Quarterly Report (c) October 15 Quarterly Report (c) January 31	PRE-Election Report for th		Jul 20 (M rimary (12P) provention (12C)	Gener		Jan 31 Runoff (*	(YE)
<u> </u>	Year-End Report (July 31 Mid-Year Report (Non-elective Year Only) (MY) Termination Report (TER)	(d) 30-Day POST-Election Report for the	on G	eneral (30G)	Runof	f (30R) in	Special the ate of	(30S)
5. Coverino	g Period 💍	ľóľžó	13	through O	7 3.1	1 201	Š	
		his Report and to the be		_	s true, correct	and complete.		
Signature of	Treasurer	ANGELA WAR	rd Me	ller	Date O	8 / 1 S	1 2 USC 6	30109
Of U	ffice Use	and the second s	Talori may subje	ze. are person signi	ng the report	FEC F	ORM 3X 12/2004	30109

2045 · 09 · 08 · 08 · 00024526

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name PROUD PATRIOTS OF AMERICA ol'el'acis 07/31/201 Report Covering the Period: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand January 1, (b) Cash on Hand at Beginning of Reporting Period...... (c) Total Receipts (from Line 19)...... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) O..... 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

2015 · 09 · 08 · 08 · 00021-527

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Page 3

	PROUD PATRIOTS O	F AMERICA	
R	eport Covering the Period: From:] 'Dî' 1015 TO	: <u>27</u> /31/12015
-	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From:		
	(a) Individuals/Persons Other		
	Than Political Committees		
	(i) Itemized (use Schedule A)		
	(ii) Unitemized		
	(iii) TOTAL (add		
	Lines 11(a)(i) and (ii)▶		O
	(b) Political Party Committees		D
	(c) Other Political Committees		
	(such as PACs)		
	(d) Total Contributions (add Lines		
	11(a)(iii), (b), and (c)) (Carry		
	Totals to Line 33, page 5)		
12.	Transfers From Affiliated/Other		6
	Party Committees		
10	All Leans Dessituad		n n
13.	All Loans Received		
	Loan Repayments Received		
15.	Offsets To Operating Expenditures		
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)		
16	Refunds of Contributions Made		
٠٠.	to Federal Candidates and Other		
	Political Committees		0
17.	Other Federal Receipts		
	(Dividends, Interest, etc.)		0
18.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account		
	(from Schedule H3)		
	•		
	(b) Levin Funds (from Schedule H5)		
	(c) Total Transfers (add 18(a) and 18(b))		
19.	Total Receipts (add Lines 11(d),		
	12, 13, 14, 15, 16, 17, and 18(c))	MO	\$ 0
20.	Total Federal Receipts		
	(subtract Line 18(c) from Line 19)▶	40	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal	Total Tills Fellou	Calendar Year-to-Date
	Activity (from Schedule H4)		
	(i) Federal Share		
	(ii) Non-Federal Share		0
	(b) Other Federal Operating		
	Experialitates		
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		
22.	Transfers to Affiliated/Other Party		
23.	Committees		
	Federal Candidates/Committees and Other Political Committees		
24.	Independent Expenditures		
25	(use Schedule E)		
20.	(52 U.S.C. § 30116(d)) (use Schedule F)		
	·		
26.	Loan Repayments Made		
27	Loans Made		
	Refunds of Contributions To:		
	(a) Individuals/Persons Other Than Political Committees		0
	(b) Political Party Committees		
	(b) Political Party Committees		
	(such as PACs)		9
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))		0
	D		
29.	Other Disbursements		
30.	Federal Election Activity (52 U.S.C. § 301010	(20))	
	(a) Allocated Federal Election Activity		
	(from Schedule H6)		
	(i) Federal Share		
	(ii) "Levin" Share		
	(b) Federal Election Activity Paid Entirely With Federal Funds		6
	(c) Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶		0
21	Total Dichurpamente (add Lines 24/a) CO		
31.	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))		
	,,,,,,,,		
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)		<u></u>
	Tom Line Ory		L

(subtract Line 37 from Line 36)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5 III. Net Contributions/Operating Ex-**COLUMN A COLUMN B Total This Period** Calendar Year-to-Date penditures 33. Total Contributions (other than loans) (from Line 11(d), page 3) 34. Total Contribution Refunds (from Line 28(d))..... 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures (from Line 15, page 3)..... 38. Net Operating Expenditures

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ITEMIZED RECEIPTS

SCHEDULE A (FEC Form 3X) FOR LINE NUMBER: PAGE OF Use separate schedule(s) (check only one) for each category of the 11a 11b 11c 12 **Detailed Summary Page** 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICA Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) В Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ General Primary Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE OF			
ITI	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	′		
		Detailed Summary Page	21b 27	22 23 28a 28b	24 25 26 28c 29 30i	
An	ny information copied from such Reports and Statem	nents may not be sold or use				-
	for commercial purposes, other than using the name					
\	NAME OF COMMITTEE (In Full)		-			
/	PROUD PATRIDTS	DF AUER	ICA			
۸	Full Name (Last, First, Middle Initial)			Date of Dishuras	ent .	
Α.			ļ	Date of Disburseme	ent 7 / TVTVTVTVTVT	
	Mailing Address			M. V. W. V. D. V.		
	City	State Zip Code		,		
	Purpose of Disbursement	.]				
	Candidate Name			Amount of Each Dis	sbursement this Period	
	Candidate Haine		Category/ Type			
	Office Sought: House Disburser		76-			•
		Primary General				
	President State: District:	Other (specify) ▼				
	Full Name (Last, First, Middle Initial)				<u> </u>	
В.				Date of Disburseme	ent	
				M-2M- / 6-06	/ **********	
	Mailing Address				السسا	
	City	State Zip Code				
	Purpose of Disbursement		المستحسما			
				Amount of Each Di	sbursement this Period	,
	Candidate Name		Category/ Type		7_672_6	
	Office Sought: House Disbursem					
		Primary General Other (specify) ▼				
	State: District:	omer (apecity)				
	Full Name (Last, First, Middle Initial)	· · · · · · · · · · · · · · · · · · ·			······································	
C.				Date of Disburseme	ent	
	Mailing Address			4 - M - M - M - M - M - M - M - M - M -	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
					السدسدسا الم	
	City	State Zip Code				
	Purpose of Disbursement					
	Candidate Name		Catagorii	Amount of Each Di	isbursement this Period	1
			Category/ Type		<u> </u>	
	Office Sought: House Disbursen					-
		Primary General Other (specify) ▼				
	State: District:					
S	SUBTOTAL of Disbursements This Page (optional)				0	
H	FOTAL This Period (last page this line number only)				0.	
L	<u> </u>					•

SCHEDINE C (FEC Form 3Y)

SCHEDULE C (FEC FOIIII 3A)	·
LOANS	Use separate schedule(s) PAGE OF
	for each category of the Detailed Summary Page FOR LINE 13 OF FORM 3X
NAME OF COMMITTEE (In Full)	
PROUD PATRIOTS	OF AMERICA
LOAN SOURCE Full Name (Last, First, Middle Initia	· I —
none	Primary General
Mailing Address	Other (specify) ▼
City State	ZIP Code
	ative Payment To Date Balance Outstanding at Close of This Period
TERMS	
Date Incurred	Date Due Interest Rate Secured: We (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan S	Source
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP C	Ode Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP C	
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP C	ode Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP C	
SUBTOTALS This Period This Page (optional)	· · · · · · · · · · · · · · · · · · ·
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D,	for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page of Schedule C

Federal Election Commission, Washington, D.C. 20463			Page or scriedule C
NAME OF COMMITTEE (In Full)		FEC	IDENTIFICATION NUMBER
		(C)	00572370
PROUD PATRIOTS OF	'AMERICA		
LENDING INSTITUTION (LENDER)	Amount of Loan		Interest Rate (APR)
Full Name		<u> </u>	0/
no coans/			/°
Mailing Address		M V M	الممممم العمواء
	Date Incurred or Established		
City State Zip Code	Date Due		
A. Has loan been restructured? No Yes	If yes, date originally incurred	M V W	/ 858 / 757577
B. If line of credit,	Total	Contract Con	
Amount of this Draw:	Outstanding Balance:		
C. Are other parties secondarily liable for the debt incurre	ed?		
D. Are any of the following pledged as collateral for the lo		What is the	value of this collateral?
property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other			
No Yes If yes, specify:	Similar traditional collaterar:		
	····	Does the lea	nder have a perfected security
E. Are any future contributions or future receipts of intere	art income, pladeed on	interest in it	
collateral for the loan? No Yes If yes, s	'''	What is the	estimated value?
	Location of account:		
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account.		
Date account established:	Address:		
المحمد المعمول التحيير	City, State, Zip:		
F. If neither of the types of collateral described above was the loan amount, state the basis upon which this loan	s pleaged for this loan, or if the was made and the basis on wh	amount pledgich it assures	ged does not equal or exceed is repayment.
G. COMMITTEE TREASURER	****	DATE	
Typed Name		لسحسا	/ 10 x 0 1 / 10 x 4 x 4 x 4 x 4 x 4 x 4 x 4 x 4 x 4 x
Signature			
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION:			ing the subspace of the 1
 To the best of this institution's knowledge, the ter are accurate as stated above. 	rms of the loan and other inform	ation regard	ing the extension of the loan
II. The loan was made on terms and conditions (inc similar extensions of credit to other borrowers of		orable at the	e time than those imposed for
III. This institution is aware of the requirement that a complied with the requirements set forth at 11 C	a loan must be made on a basis	which assu	res repayment, and has
AUTHORIZED REPRESENTATIVE	100.02 and 100.142 in makii	DATE	
Typed Name			/ [8 4 8] / [4 4 4 4 4 4 4 4]
Signature Titl	le		

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE OF
FOR LINE NUMBER:
(check only one) 9

zarouding Louno		imbered line)	10
NAME OF COMMITTEE (In Full)			
PROUD PATRIOTS DA	= AMEDICA	7	•
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	10.0010	Nature of Debt (Purpose	e):
			•
Mailing Address			
City State Zip Code		-	
Outstanding Balance Beginning This Period			
	ment This Period		at Close of This Period
	~~~^~^		
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	· · · · · · · · · · · · · · · · · · ·	Nature of Debt (Purpose	e):
Mailing Address		_	
City State Zip Code		·	
Outstanding Balance Beginning This Period			
Amount Incurred This Period Pay	ment This Period	Outstanding Ralance	at Close of This Period
	Thent this renod	Outstanding Balance	at Close of This Period
	<u>^^</u>		
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose	<i>a)</i> .
o. Fail Harris (East, First, Middle Hillar) of Boblet of Stealer		Mature of Debt (1 dipose	<del>=</del> ).
Mailing Address			
City	Zin Codo		
City State	Zip Code		
Outstanding Delegas Positioning This Posited			
Outstanding Balance Beginning This Period			
	ment This Period	Outstanding Balance	at Close of This Period
	<u> </u>	المسمسال	
1) SUBTOTALS This Period This Page (optional)	<b>&gt;</b>		0
2) TOTALS This Period (last page this line number only)	<b>&gt;</b>		
2) TOTAL OUTCTANDING LOANS for Cabally College	dia -		A
3) TOTAL OUTSTANDING LOANS from Schedule C (last page of	ııyı▶		
4) ADD 2) and 3) and carry forward to appropriate line of Summa	ry Page (last page only) >		0

Signature

SCHEDULE E (FEC FORM 3X)		,
TEMIZED INDEPENDENT EXPENDITURES		PAGE OF FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
PROUD PATRIOTS OF AM	ERICA.	Co.05.72.3.70
Check if 24-hour report 48-hour report New report	rt Amends repo	ort filed on
Full Name of Payee		Date of Public Distribution/Dissemination
Mailing Address		
		Amount
City State	Zip Code	
Purpose of Expenditure		Date of Disbursement or Obligation
To pose of Experience	Category/ Type	
Name of Federal Candidate	Support	Office Sought: House District:
	Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
Full Name of Payee		Date of Public Distribution/Dissemination
		المحمد من العموا ، المحمد ما
Mailing Address		Amount
City State	Zip Code	
		Date of Disbursement or Obligation
Purpose of Expenditure	Category/ Type	
Name of Federal Candidate	Support	Office Sought: House District:
	Oppose	President Senate State:
Calendar Year-To-Date	~ ~ ~ ~ ~ ~ ~	Disbursement For: Primary General
Per Election for Office Sought	<u> </u>	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		
(a) CODITION OF INCIDENCE INCOPERIOR EXPONENTIAL COMMISSION OF THE CONTRACT OF	••••••	
(b) SUBTOTAL of Uniternized Independent Expenditures	•••••••••••••••••••••••••••••••••••••••	·· •
(c) TOTAL Independent Expenditures		• • • • • • • • • • • • • • • • • • •
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
party committee, any pontical party committee of its agent.		
		MANY / BABY / WAYAAAA

## SCHEDULE F (FEC Form 3X) ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)

BEHALF OF CANDIDATES	FOR FEDE	HAL OFFICE		PAGE OF
(То	be used only b	y Political Committees in the	General Election)	FOR LINE 25 OF FORM 3)
ME OF COMMITTEE (In Full)			<del></del>	Check if
		F AMERICA		24-hour notice
s your committee been designated to ma rdinated expenditures by a political party		ull Name of Subordinate Comm	nittee	
YES NO	3011111111100			
ES, name the designating committee:	TN.	Mailing Address	<del></del>	
		···	····	
		City	Sta	te ZIP Code
Full Name (Last, First, Middle Initial) of	Each Payee		Purpose of Expe	enditure
				المسما
Mailing Address			—	Category/ Type
			Date	
City	State	Zip Code	\ \ L	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Name of Federal Candidate Supported	Office Cought	l Hausa I ou to	<u>!!                             </u>	
Traine of Foucial Canadate Supported	Office Sought:	House State:	Amount	
		Presidential Pistrict.		
Aggregate General Election	V V V	~ ~ ~ ~ ~ ~	\$ \$ \$ \$ \$ 7.5 .	
Expenditure for this Candidate				
Full Name (Last, First, Middle Initial) of	Each Payee		Purpose of Expe	enditure
				Category/
Mailing Address			Date	Туре
City	State	Zip Code	M-W / 1	, , , , , , , , , , , , , , , , , , ,
Name of Federal Candidate Supported	Office Sought:	House   State:	Amount	
	_	Senate District:	Amount	
		Presidential		
Aggregate General Election		V V V V		
Expenditure for this Candidate				
Full Name (Last, First, Middle Initial) of	Each Payee		Purpose of Expe	enditure
A A Citizen A delicer	·	·····		Category/ Type
Mailing Address			Date	Туре
City	State	Zip Code	يا / ليسميسا / ا	1 LAAAAAA \ 1000
			<u> </u>	المسما لم
Name of Federal Candidate Supported	Office Sought:	H	Amount	
		Senate District:	_	
Aggregate General Election	· · · · · · · · · · · · · · · · · · ·	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	<u> </u>	
Expenditure for this Candidate		-C732CC722C		
<del> </del>	<del></del>			
JBTOTAL of Expenditures This Page (or	ational)		, , , , , , , , ,	
TOTAL OF Experiorules Triis rage (of				
OTAL This Period (last page this line nur	mber only)			

#### SCHEDULE H1 (FEC Form 3X)

#### **METHOD OF ALLOCATION FOR:**

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)
USE ONLY ONE SECTION, A or B
A. State and Local Party Committees
Fixed Percentage (select one)
Presidential-Only Election Year (28% Federal)
Presidential and Senate Election Year (36% Federal)
Senate-Only Election Year (21% Federal)
Non-Presidential and Non-Senate Election Year (15% Federal)
B. Separate Segregated Funds and Nonconnected Committees
Flat Minimum Federal Percentage  If the committee will allocate using the flat minimum percentage of 50% federal funds, check  Or
If the committee is spending more than 50% federal funds, indicate ratio below
Federal%
Nonfederal%
This ratio applies to (check all that apply):
Administrative Generic Voter Drive Public Communications Referencing Party Only

# 

## SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS		PAGE OF
NAME OF COMMITTEE (In Full)  PROUD PATRIOCS 0	F AMERICA	7
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDA ACTIVITIES APPEARING ON THIS REPORT.		·
Methods of allocation:		
FUNDRAISING activities are allocated using the "funds received met	hod" where the federal pro	portion of
expenses must equal the federal proportion of monies raised.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	portion, or
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated accommon where the federal proportion of disbursements is based on the benefitivity. For PACs Only: Direct candidate support includes public commisted federal and nonfederal candidates, regardless of whether there is a rare allocated using a time/space method.	fit derived by federal candid nunications or voter drives	dates from the ac- that refer to both
ACTIVITY OR EVENT IDENTIFIER		
ACTIVITY IS:	FEDERAL %	NONFEDERAL %
Fundraising Direct Candidate Support	%	%
CHECK IF THE RATIO IS:		
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER		
ACTIVITY IS:	FEDERAL %	NONFEDERAL %
Fundraising Direct Candidate Support		%
CHECK IF THE RATIO IS:  New Revised Same as Previously Reported		
Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	550504.4	
ACTIVITY IS:	FEDERAL %	NONFEDERAL %
Fundraising Direct Candidate Support		%
CHECK IF THE RATIO IS:  New Revised Same as Previously Reported		
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	EEDEDAL O	NONEEDEDALO
ACTIVITY IS:	FEDERAL %	NONFEDERAL %
Fundraising Direct Candidate Support		%
CHECK IF THE RATIO IS:    New		
Same as Freviously Reported		
ACTIVITY OR EVENT IDENTIFIER		NOVERDEDAL
ACTIVITY IS:	FEDERAL %	NONFEDERAL %
Fundraising Direct Candidate Support	%	%
CHECK IF THE RATIO IS:  New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	EEDER W. S.	NONESTATION
ACTIVITY IS:	FEDERAL %	NONFEDERAL %
Fundraising Direct Candidate Support	%	%
CHECK IF THE RATIO IS:  New Revised Same as Previously Reported		

# 20-5-09-08-03-0002-58

## SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE	OF	
E00 1 115		

NAME OF COMMITTEE (In Full)	
PROUP PATRIOTS OF AMER	ICA
NAME OF ACCOUNT DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
المحمد معما العموا التحديد	
BREAKDOWN OF TRANSFER RECEIVED	
i) Total Administrative	0
iy total Administrative	
ii) Generic Voter Drive	
II) Generic votes prive	
iii) Exempt Activities	
III) Exempt Additions	
iv) Direct Fundraising (List Activity or Event Identifier)	
	٦
a)	J
	<del>-</del> 7
b)	_]
·	
c) Total Amount Transferred For Direct Fundraising	
v) Direct Candidate Support (List Activity or Event Identifier)	
	E MA
a)	7
b)	1
c) Total Amount Transferred For Direct Candidate Support	
vi) Public Communications Referring Only to Party (Made by PAC)	
TOTALS FOR BREAKDOWN OF TRANSFER RECEIV	ED.
TOTAL This Period (Administrative)	
TOTAL This Period (Generic Voter Drive)	<u></u>
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
TOTAL This Period (Exempt Activities)	
	
TOTAL This Period (Direct Fundraising)	<u></u>
TOTAL This Period (Direct Candidate Support)	
	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
TOTAL This Period (Public Communications Referring Only to Party)	
TOTAL This Period (Total Amount Transferred)	

20H5 : 09 : 08 : 08 : 0002H530

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE		OF				
FOR	LINE	21a	OF	FORM	3X	

NA	ME OF COMMITTEE (In Full) PROUD PATRINTS OF AMS	$\sim 0.1 < 0.$	
		-KICH	Allocated Activity or Event:
Α.	Full Name (Last, First, Middle Initial)		Administrative Fundraising Exempt
	Mailing Address		Voter Drive Direct Candidate Support
	City State Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:	-	Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:	Category/ Type	Date Date
	FEDERAL SHARE + NONFEDERAL	SHARE	= TOTAL AMOUNT
<u>—</u> — В.	Full Name (Last, First, Middle Initial)		Allocated Activity or Event:
	Mailing Address		Administrative Fundraising Exempt
			Voter Drive Direct Candidate Support
	City State Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:		Allocated Activity or Event Year-To-Date
	A.W. A		
	Activity or Event Identifier:	Category/	المحمدما العمقاء لشعفا
		Туре	Date
	FEDERAL SHARE + NONFEDERAL	. SHARE	= TOTAL AMOUNT
	Full Name (Last, First, Middle Initial)		Allocated Activity or Event:
-,			Administrative Fundraising Exempt
	Mailing Address		Voter Drive Direct Candidate Support
	City State Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:	<u> </u>	Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:	Category/	
		Type	Date
	FEDERAL SHARE + NONFEDERAL	SHARE	= TOTAL AMOUNT
		· · ·	0
SI	JBTOTAL of Allocated Federal and NonFederal Activity This Page FEDERAL SHARE + NONFEDERAL	. SHARE	= TOTAL AMOUNT
T	OTAL This Period (last page for each line only)(Federal share to 21(a)(i) and		
	FEDERAL SHARE NONFEDERAL	. SHAHE	TOTAL AMOUNT
		ليميي	

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

To be used by State, District and Loc	al Party Committees Only)	PAGE OF FORM 3X
NAME OF COMMITTEE (In Full)		
PROU	O PATRIOTS OF	AMERICA
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
BREAKDOWN OF THIS TRANSFER		
i) Voter Registration Total Amount Transferred for Vot	VOTER REGI	STRATION
ii) Voter ID		VOTER ID
Total Amount Transferred for Vot	ter ID	<u> </u>
iii) GOTV		GOTV
•	ντνντο	
iv) Generic Campaign Activity		GENERIC CAMPAIGN ACTIVITY
Total Amount Transferred for Ge	neric Campaign Activity	
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
·	مرممهم العمقا الشمشا	7
BREAKDOWN OF THIS TRANSFER	VOTED BEOL	1979 171911
i) Voter Registration	VOTER REGI	STHATION
Total Amount Transferred for Vot	er Hegistration	VOTER ID
ii) Voter ID Total Amount Transferred for Vot	ter ID	
		GOTV
iii) GOTV Total Amount Transferred for GC	υτν	
	Comp. Comp.	GENERIC CAMPAIGN ACTIVITY
iv) Generic Campaign Activity Total Amount Transferred for Ge	eneric Campaign Activity	
TOTALS FOR E	BREAKDOWN OF TRANSFER RECEIVED	O (Last Page Only)
TOTAL This Period (Voter Registration)		
TOTAL This Period (Voter ID)		
TOTAL This Period (GOTV)		
TOTAL This Period (Generic Campaign	Activity)	.0
TOTAL This Period (Total Amount of Tr	ransfers Received)	

PAGE

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full)			
PROUD PATRIOTS OF AMERICA			
NAME OF ACCOUNT			
		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1.	RECEIPTS FROM PERSONS (a) Itemized(Use Schedule L-A)		0
	(b) Unitemized		0
	(c) Total		
2.	OTHER RECEIPTS		
3.	TOTAL RECEIPTS(Add Lines 1c and 2)		
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
	(a) Voter Registration		
	(b) Voter ID		0
	(c) GOTV		
	(d) Generic Campaign		
	(e) Total		
5.	OTHER DISBURSEMENTS		
6. ——	TOTAL DISBURSEMENTS(Add Lines 4e and 5)		
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)		
8.	RECEIPTS(from Line 3)		
9.	SUBTOTAL(Add Lines 7 and 8)		0
10.	DISBURSEMENTS(From Line 6)		
11.	ENDING CASH ON HAND (Subtract Line 10 From Line 9)		

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999 E STREET, NW FEDERAL ELECTION WASHINGTON, D.C. 20463

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.				
Hand Delivered	Date of Receipt			
Postmarked USPS First Class Mail	Date of Receipt			
USPS Registered/Certified	Postmarked (R/C)			
USPS Priority Mail	Postmarked			
USPS Priority Mail Express	Postmarked			
Postmark Illegible				
No Postmark				
Overnight Delivery Service (Specify):	Shipping Date			
Next Bus	siness Day Delivery			
Received from House Records & Registration Office	Date of Receipt			
Received from Senate Public Records Office	Date of Receipt			
Received from Electronic Filing Office	Date of Receipt			
Other (Specify):	of Receipt or Postmarked			
PREPARER MP	DATE PREPARED			
(3/2015)	DATE I HEI ANED			